

Foster Family Home - Corrective Action Report

Provider ID: 2-559726

Home Name: Ludivina Eder, CNA

147 W. Kinai Place

Hilo HI 96720

Review ID: 2-559726-5

Reviewer: Carol Copeland

Begin Date: 10/4/2018

End Date:

11-26-18

~~11-26-18~~

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home not in compliance on day of inspection. Corrective action report issued with plan of correction due to CTA by 11/04/18.

Foster Family Home Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) TB clearance in home binder for care givers # 3 (last one 11/23/16), or 6(last one 11/4/15-none for 2016 or 2017).

Carol Copeland RN MSN
Compliance Manager

DEder
Primary Care Giver

10-9-18
Date

10/9/18
Date

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**Community Care Foster Family Home (CCFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454**

COFH Name: Lubdivina Eder

CCF# Address: 147 West Kinai Pl. Hilo, HI 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	TB clearance of one of my substitute caregiver ordered for more than a year.	10/9/18	This time I'll save her (their) name into my cell. to ring me up for a reminder.

Primary Caregiver's Signature: [Signature]

Print Name: Indivina Eder

Date of Signature: 11/14/18